

## Training and Credentialing for Behavioral Health-Focused LTSS: Considerations for Health Plans

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Behavioral health long-term services and supports (LTSS) such as health navigation peer support, and developmental therapy assist members by coordinating care and integrating appropriate supports. The services are designed to assist members with mental illness, addiction, and developmental disabilities and to help them maintain independence at home and in community settings. Your health plan may have had only limited experience with behavioral health LTSS in the past, but as states expand managed long-term services and supports for their Medicaid populations – including those with behavioral health needs - you may find it necessary to incorporate them into your portfolio of services. This brief outlines considerations for implementing training and credentialing requirements for both in-house staff and provider organizations.

### Key Considerations

- **Be aware of state-based licensure and certification requirements.** Whether your health plan chooses to build and deploy behavioral health LTSS in-house or contract with local providers; state licensure and certification standards will likely dictate minimum training and credentialing requirements for various services and workers. For example:
  - A Registered Nurse Case Manager serving in a health navigation role would need to meet the licensure and training requirements for a Registered Nurse as well as those of a Case Manager. Connect with your [state board of nursing](#) to identify relevant requirements and limitations.
  - Similarly, a counselor providing in-home developmental therapy may need to meet the training and licensure standards set forth by the [state counselor licensing board](#).
  - Conversely, in many states, layperson health navigators or peer support specialists may not be subject to any formal licensure, certification, or training standards; thereby presenting an opportunity to negotiate requirements with provider organizations. For those staff, the best training may be personal experience. Many states operate programs to assist TANF recipients with transitioning to work (sometimes known as welfare-to-work). Such programs may be good sources to identify health navigation and peer support candidates that not only have previous real-world experience but also have received training in basic workplace skills.
- **Be familiar with state Medicaid training and certification benchmarks.** Several states have created benchmarks and processes for training and certifying various behavioral DSWs in the fee-for-service environment. Where applicable, and along with licensure requirements, these represent the standards for behavioral health LTSS training and credentialing with which provider organizations are already familiar. While your organization may augment those requirements, they may serve as a starting point for setting minimum expectations.
  - Most state Medicaid Managed Information Systems (MMIS) offer links to existing criteria on their websites or through their toll-free provider service numbers. Your state Medicaid

agency and health plan trade and membership organizations may also provide relevant information.

- **Invest in and support core training and credentialing programs.** Your health plan may consider taking advantage of state-sponsored or national training and credentialing programs both for in-house staff that provide behavioral health LSS as well as contracted provider organizations. To participate, your behavioral health LTSS team or those of your contracted providers may need backing such as transportation, compensation, or paid time off. You may also consider partnering with local educational institutions and community-based organizations that offer or would be willing to offer training and credentialing curriculums. Moreover, it will be important for you to consider the most effective methods for your team to participate, since training and credentialing programs may be delivered through a variety of modalities such as classroom settings, by shadowing existing staff, or online. Resources include:
  - The non-profit [Institute for Recovery & Community Integration](#) where you will find training and credentialing programs for both Peer Support Workers and Health Navigators.
  - Your peers in the health plan community may be willing to share their experiences with training and credentialing as it relates to LTSS. Find and connect with health plans similar to yours by visiting [the Alliance for Community Health Plans](#) or [the Association for Community Affiliated Plans](#). Even if you are not a member, connecting with these associations and their members are places to start assessing the types and scope of training and credentialing programs currently deployed by health plans similar to yours.
  - Essential training especially for health navigators and peer support specialists will include strategies to help clients coordinate a variety of clinical services and community resources such as physical health, utility and nutrition assistance, caregiver and respite services, support groups, housing assistance, and telephonic tobacco cessation programs. While many national training and credentialing initiatives stress the need to coordinate services and resources, their local nature of dictates the need to engage experts on the ground. Reaching out to the local, Area Agency on Aging (AAA), Federally Qualified Health Center (FQHC), health home lead agency, and community groups will be critical to identifying the available services and resources and the best methods to integrate them. For more information, see the brief on [Identifying Community-Based Resources](#).
  - The Centers for Medicare and Medicaid Services (CMS) offers guidance on competency based training. See summaries in the brochures on competency based training for health plans.
  - Don't forget about skills-based training including cultural sensitivity, how to engage translation, conflict management, and working with clients in their homes.

*The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to ensure that beneficiaries enrolled in both Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This brief is intended to support health plans and providers in integrating and coordinating care for Medicare-Medicaid enrollees. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to [www.resourcesforintegratedcare.com](http://www.resourcesforintegratedcare.com). Please submit any feedback on this brief or topic suggestions for other briefs to [RIC@Lewin.com](mailto:RIC@Lewin.com).*

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